



Section/division: Telephone number: Physical address:

Personnel Licensing, Safety Standards and Assurance

Fax Number: 011-545-1456 0860 267 435

Form Number: CA 61-01.13

Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng

**AUTHORITY** Private Bag X73, Halfway House 1685 Website: www.caa.co.za Email: ClientCare@caa.co.za Postal address: DETAILS OF BANK ACCOUNT FOR PAYMENT OF PRESCRIBED FEE Bank: Standard Bank of SA Ltd Branch: Brooklyn, Pretoria Branch Code: 011245 Account Number: 013007971 COMPULSORY CLIENT PAYMENT CODE (to be completed on deposit slip) Over the counter payments EFT, Internet, Wire, Electronic payments Service/transaction Validation of a foreign licence

## APPLICATION FOR VALIDATION or CONVERSION OF FOREIGN LICENCE or RATING

Surname of applicant				First names					
Passport number			Date of birth				Age - Years Age - Months		
					Age -		าร		
Licence type		(		Country of issue					
With Instrument rating				Without Instrument Rating					
Licence Number				Expiry date					
Dates of Medical F		From:			To:				
Gender N		Male			Female				
Licence type to be validated									
Purpose of validation:		ate flying:			Commerc				
If for commercial purposes, number of hours flown in country of issue at the level of the licence to be validated:								hours	
Types of aircraft to be flown									
Aviation Training Organisation:									
Residential address									
						Province			
Postal address									
				Province		Postal	Postal code		
Applicant's address in South Africa:									
		·		Province		Postal	code		
Telephone Number	Cellular			none number					
Facsimile Number		Email ad							
SIGNATURE OF APPLICANT		NAME IN BLOCK LETTERS				DATE			